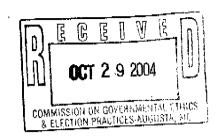
# STATE OF MAINE COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station
Office: 242 State Street
Augusta, Maine 04333
Tel: (207) 287-4179 Fax: (207) 287-6775
www.maine.gov/ethics

## CAMPAIGN FINANCE REPORT OF INDEPENDENT EXPENDITURES 2004 GENERAL ELECTION



Name of Person/Committee Making Expenditure(s) SAGAPANOC COUNTY PEMO. COM
Mailing Address 17 DUNN FARM LN.
City, Zip Code Row Pol NHAM, 04008 Telephone 666-5902
Instructions Please see previous page for reporting requirements. Complete notarized affidavit and two attached schedules.
Filing Schedule Independent expenditures for the 2004 general election in excess of \$250 per candidate must be reported to the Commission within 24 hours of making the expenditures. Independent expenditures aggregating in excess of \$100, but not in excess of \$250, must be reported to the Commission on October 12, 2004, October 27, 2004, or December 14, 2004 (whichever occurs first after the expenditure).
Please check:  (X) Report of Independent Expenditure over \$250  ( ) October 12, 2004 Report of Independent Expenditure of \$250 or Less  ( ) October 27, 2004 Report of Independent Expenditure of \$250 or Less  ( ) December 14, 2004 Report of Independent Expenditure of \$250 or Less  ( ) Amendment to Earlier Report Dated:  ( ) Other (specify):
I CERTIFY THAT THE INFORMATION IN THIS REPORT IS TRUE, CORRECT AND COMPLETE.  Signature of PAC or Party Treasurer, or Other Person Making Expenditure(s)

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## INDEPENDENT EXPENDITURES

#### **AFFIDAVIT**

STATE OF	MAINE	
COUNTY OF _	KENNEBEC	
ĐΑV	'ID SHIAH	, being duly sworn, says that he/she-made each
of the expenditu	res listed in the attached rep	ort independently, and not in cooperation, consultation
or concert with	, or at the request or sugg	estion of, the candidates named in the report or the
authorized comm	nittees or agents of the candid	lates.
	_	Jan C Shiel
		(Signature of Affiant)
Sworn to before	me, this $\frac{29^{13}}{}$ day of ${}$	October 2004.
Judda	. M. Baes	
(Notary Public/Atte	<del>rney at L</del> aw)	

PAGE 03/04

Page | of | (Schedule B-IE-1 only)

## Schedule B-IE-1

# CANDIDATE(S) SUPPORTED/OPPOSED

Please list all candidates that were the subject of independent expenditures. If more than one candidate was the subject of the expenditure, allocate the expenditure among the candidates.

Office sought by candidate (including district #)	Candidate's Name	Indicate whether expenditure was made in support of or in opposition to the candidate	Amount expended this reporting period for each candidate
HOUSE PISTRICT 61	BRUCE MACDONALD	SUPPORT	327.60

Page { of } (Schedule B-IE-2 only)

## Schedule B-IE-2

# ITEMIZATION - INDEPENDENT EXPENDITURES

Please indicate the date, payee, purpose and amount of each expenditure. If you are reporting an agreement or obligation to make a future payment, please note that in the margin.

Date of expenditure	Payee, address, zip c	eode	Purpose of expenditure	Amount
10/28	TIMES RECORP G INPUSTRY R.P. BRUNSWICK, ME	04011	NEW STAPER	327.60
		****		
		<del>.</del>		
	<ol> <li>Expenditures this page         (Last page only Schedule B-IE-2)     </li> <li>Total from attached pages (Schedule B-IE-2)</li> <li>Total expenditures this period</li> </ol>			327.60
				0
				327.60